

STATE OF WISCONSIN
Department of Health and Family Services
Division of Disability and Elder Services

DDES Memo Series 2006—22
Date: October 27, 2006

Re: UPDATE AND NEW PROCEDURES
RELATED TO SERVICE PLAN
APPROVAL UNDER THE ICF/MR
RESTRUCTURING INITIATIVE

To: Listserv

For: Area Administrators/ Human Services Area Coordinators
Bureau Directors
Community Integration Specialists
County Departments of Community Program Directors
County Departments of Developmental Disabilities Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
County Developmental Disabilities and Long Term Support Coordinators
Facilities for the Developmentally Disabled
Program Office Directors
Tribal Chairpersons/Human Services Facilitators

From: Sinikka Santala, Administrator *Sinikka Santala / PP*
Division of Disability and Elder Services

Subject: ICF/MR Restructuring Initiative – Update

DOCUMENT SUMMARY

The document provides a summary of the current status of the ICF/MR Restructuring Initiative and provides updated procedures for counties regarding the preparation and review of care plans for people relocated under the initiative, that will be implemented on November 1, 2006.

Wisconsin's ICF/MR Restructuring Initiative has been underway for over a year and has helped over 400 people with developmental disabilities relocate successfully from institutional settings to the community. We appreciate all of the county, provider and facility efforts that contributed to this accomplishment and look forward to continued success over the next several years.

The Department continues to be committed to fully funding all waiver-covered services for people with developmental disabilities who were admitted to ICFs/MR or nursing homes prior to 2005. Holding average costs to the budgeted Medicaid funds for this initiative will assist the Department to fully fund proposed services for these individuals.

As we gain more experience, we have noted that the initial care plans submitted to us are sometimes more expensive than the actual costs billed to us once a person has relocated. Possible explanations for the high cost of some relocation plans include:

- Many individuals relocating from ICFs/MR have been institutionalized for years, some for decades. When the initial plans are prepared for these individuals, the magnitude of actual support needed to achieve their outcomes and assure their health and safety is not always clear.

- Counties, providers, and DHFS staffs all have difficulty estimating the time it will take for the person to adjust to a new physical and social environment. For many people, we have found that once a person has adjusted to community living, the amount of services needed, particularly in his/her residential setting, can be modified.
- Counties can only bill for actual costs incurred, but not more than the rate assigned by the state to the person (unless local county match funding is used). This has resulted in counties and providers building contingency funding into the plan for the “what if” situations that might occur. For example, if Medicaid card services are not yet authorized, a county might include those services as projected waiver costs in the event the card service is not approved.
- Due to the rapid pace at which a number of facilities closed, the resources accessed may be more costly than if there had been sufficient time for planning some relocation.
- Initial plan costs may be high because of the proportion of people who are relocating have very high needs. There is a notably high prevalence of people with behavioral and medical challenges.

Of the relocation plans that have been submitted by counties to date, the current average statewide cost of approved plans is \$224. However, the average amount billed for these plans in CY 2006 was approximately \$208. It is too early to tell whether the difference between actual costs billed and projected plan costs will continue to be significant. If the average actual cost of these plans ultimately reaches the average planned cost, DHFS may not be able to manage this initiative within the available budget.

Updated Procedures

November 1, 2006, to address our ability to fully fund care plans; the Community Integration Specialist (CIS) staff will be assuming a more active role in reviewing the fiscal aspects of community plans. CIS staff will increase the periodic review of all approved service plans, maintain active involvement in developing current plans, and get involved much earlier in all future planning.

1. As part of the CIP1 recertification process, counties are required to prepare an updated individualized services plan (ISP) for every person already relocated under this initiative as part of the annual review/update process. For those individuals relocated under this Initiative who have already received an annual recertification in 2006, and wish to have further cost adjustments considered, counties should contact their assigned CIS, who may require additional detailed information about costs of services and supports.
2. CIS should also be involved earlier in the local planning process. The CIS should be working in partnership with county support and service coordinators to review assessment information and monitor the development and implementation of service plans. The appropriateness and cost-effectiveness of services and supports that are being funded, as well as the provider costs for services will be assessed. To assure cost-effective plans that meet the individual's needs, CIS may request additional fiscal and other related information, beyond the current county provided information, even before they receive final plan packets. Our first preference is to use the information counties are currently providing, since most counties do a good job of acting as prudent purchasers of services. If the county's information at the point of plan implementation lacks the information we need, we will ask county staff to provide additional information. CIS have forms to gather essential detailed information and will share as needed or upon request. Again, we would like this to work in collaboration with counties and have individual CIS and counties determine what is needed.

3. Starting November 1, 2006, each CIP Plan Packet must be approved **prior to** the person moving into their community setting in order for the county to access the relocation funding.

We anticipate that the statewide average cost of service plans will decrease after these efforts commence. However, we do recognize that sometimes the initial plan underestimates the support needed. If we find this to be the case, and sufficient funds are available, we will adjust the funding for these care plans to reflect the needs of the individuals.

Thank you for your support of this initiative. We appreciate your willingness to work with us to assure we can continue to fully fund individuals relocating under this initiative, within the available funding.

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WEB SITE: http://dhfs.wisconsin.gov/dsl_info/